

CLAIMS AS FILED				
	NO. FILED	NO. EXTRA	RATE	CALCULATIONS
Total Claims	18 -20		x \$18. =	\$0
Independent Claims	2-3	0	x \$84. =	\$0
Multiple Dependent Claim(s), if applicable			x \$280. =	0
BASIC FEE				\$740.00
			TOTAL FEE	\$740.00

Please file the application. A check in the amount of \$780.00, to cover the filing fee and recording fee, is enclosed. In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit **Deposit Account No. 08-0750** as required to correct the error.

Please address all correspondence to:

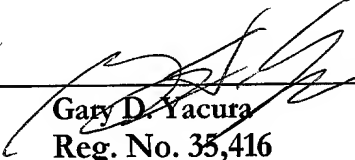
HARNESS, DICKY & PIERCE, P.L.C.
P.O. Box 8910
Reston, Virginia 20195

Telephone inquiries may be directed to the undersigned representative at (703) 390-3030.

Respectfully submitted,

HARNESS, DICKY & PIERCE, P.L.C.

By: _____


Gary D. Yacura
Reg. No. 35,416

Attorney for Applicant